



Aged Care
Standards and Accreditation Agency Ltd

Decision to Accredit Colton Court Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredit Colton Court Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Colton Court Nursing Home is 3 years until 27 May 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and Approved provider details

Details of the home

Home's name:	Colton Court Nursing Home		
RACS ID:	6980		
Number of beds:	39	Number of high care residents:	Nil
Special needs group catered for:	Nil		

Street:	84 Valley View Drive				
City:	MCLAREN VALE	State:	SA	Postcode:	5171
Phone:	08 8329 4900		Facsimile:	08 8329 4999	
Email address:	rmadden@ach.org.au				

Approved provider

Approved provider:	Aged Care & Housing Group Incorporated
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Assessment team

Team leader:	Kimberley Moss
Team member:	Cate Quist
Dates of audit:	10 March 2009 to 11 March 2009

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
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Agency findings
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Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
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Agency findings
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Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care
Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Colton Court Nursing Home
RACS ID	6980

Executive summary

This is the report of a site audit of Colton Court Nursing Home 6980 84 Valley View Drive MCLAREN VALE SA from 10 March 2009 to 11 March 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Colton Court Nursing Home.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 March 2009 to 11 March 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Kimberley Moss
Team member:	Cate Quist

Approved provider details

Approved provider:	Aged Care & Housing Group Incorporated
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Details of home

Name of home:	Colton Court Nursing Home
RACS ID:	6980

Total number of allocated places:	39
Number of residents during site audit:	36
Number of high care residents during site audit:	33
Special need catered for:	People with dementia or other related disorders People from culturally and linguistically diverse backgrounds

Street:	84 Valley View Drive	State:	SA
City/Town:	MCLAREN VALE	Postcode:	5171
Phone number:	08 8329 4900	Facsimile:	08 8329 4999
E-mail address:	rmadden@ach.org.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Colton Court Nursing Home.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		Number
Site manager	1	Residents	8
Quality manager	1	Relatives	3
Registered nurse	1	Volunteers	1
Enrolled nurse	1	Lifestyle coordinator	1
Care staff	4	Catering, cleaning and laundry staff	1
Site clerk	1	Maintenance staff	1

Sampled documents

	Number		Number
Residents' files	13	Medication charts	5
Summary/quick reference care plans	13	Personnel files	4

Other documents reviewed

The team also reviewed:

- Continuous improvement plan, flowchart, and log, evaluations of continuous improvement activities, complaints register, 'please let us know' forms, 12 monthly trend complaints/compliments data report, suggested changes/proposed improvement forms, various meeting minutes, audit schedule 2009, various resident and staff audit and survey results, six monthly clinical audit reports, adverse events data and analysis, retention and disposal schedule, contractor agreements, residential care service agreements,
- Staff training record, 2008 and 2009 training planners, training attendance sheets and evaluations

- Rosters, leave planner, code of conduct, pre-employment checklist, induction checklist, staff performance review and development, position statements, duty lists,
- Staff communication book, policies and procedures, guidelines, staff memoranda, case conference and care assessment evaluation, risk management tools, medication management reviews, clinical audits and audit schedule , care evaluation schedule, seven day handover sheet, observation records , adverse event data and summaries , progress notes , alert forms , pain flow charts, bladder and bowel flow charts, continence message book, wound folder, thank you cards and letters, letters to representatives, staff eulogy folder
- Referrals to allied health, allied health and Medical officer folders, allied health visitors reports, Schedule Four and 8 licences and register, pharmacy communication folder, Medication Advisory Committee folder and meeting minutes, self administration agreement
- Lifestyle calendar, newsletter, activity surveys
- Safety and environment inspections, infection control log, creditor listing, equipment service reports, maintenance request folder, electrical testing and tagging folder, preventative maintenance schedule, current triennial fire certificate, resident equipment appliance testing sheet, essential safety provision maintenance log book, fire technical reports, kitchen stock control book, tea menu selection forms, temperature recording logs for food, refrigerators and freezers, verification sheets of hygiene management, grocery order forms for each resident unit, cleaning schedules for each unit, safe operating procedures, laundry evaluation tools

Observations

The team observed the following:

- Internal and external living environment
- Individual resident units
- Secure area including secure outdoor areas
- Laundry
- Communal lounge area
- Maintenance shed
- Archive area
- Medications and storage, imprest system, cold storage of medications,
- Equipment storage, aromatherapy equipment, first aid kit, outbreak kit, palliative care equipment, clinical equipment and stores ,
- Staff meeting room , staff office , policies procedures, communication tools, folders, information for staff
- Photo boards of residents during activities, white boards for information re activities,
- Outdoor secure area, secure areas,
- Lifestyle cupboard with equipment, resident welcome pack , resource materials
- Resident appearance, call bell system
- Staff notice board, education programs and occupational health and safety information
- Interactions between staff and residents
- Equipment and supply storage areas
- Fire panel

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Colton Court has a continuous improvement system in place to monitor compliance with the Accreditation Standards and identify opportunities to improve. Stakeholders are encouraged to contribute to the continuous improvement system through meetings, and surveys, adverse events and hazard reporting, surveys, comment and complaints mechanisms, audits and evaluations of improvements implemented. Improvement opportunities identified through these mechanisms are actioned, recorded on the continuous improvement log and evaluated to measure the results for residents and staff. Staff, residents and representatives are kept informed of the progress and results of continuous improvement initiatives through the use of a continuous improvement standing agenda item at all meetings.

The home demonstrated results of all improvements relating to Accreditation Standard One including:

- To improve the efficiency and effectiveness of communication in the home a change to the staff meeting format was implemented. Previously all staff would attend a staff meeting. Observation of the process by management indicated that staff would become disinterested when discussion arose about areas not specific to their role. Team meetings for staff working in the same areas commenced with the aim of concentrating on issues specific to areas of the home. The meetings are held every two months and sometimes incorporate training on resident care needs specific to an area of the home. A formal evaluation of this improvement will be conducted through a staff survey, however, in the interim management and staff have noticed the meetings are now more effective and staff are engaging and contributing more.
- The home identified the need to provide alternative styles of education to staff to increase their learning opportunities. A folder of self learning tools relating to specific topics was created and is kept in the staff room. A staff satisfaction survey was conducted and 90% of staff surveyed found this beneficial. The evaluation of the survey results indicates that some staff would prefer to have a copy of the learning tool to take home as they do not always have time when at work. The manager is implementing this.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s recommendation

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The organisation maintains links to industry associations and legal services. Compliance is monitored through internal and external audit processes. Staff are surveyed to ascertain their understanding of their legislative responsibilities and knowledge deficits are actioned as appropriate. The home has processes to meet the requirements of police clearances for all staff, volunteers and contractors. Staff are made aware of any relevant changes through various mechanisms, including team meetings, emails, memoranda and policies.

1.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles. Recruitment and employment processes screen employees to ensure they meet the job requirements. A training needs analysis is conducted each year and results are used when creating the annual training plan. Staff knowledge and skills are also monitored through surveys, performance appraisals and staff competencies. There is an orientation process for permanent and temporary staff. Training is delivered through a variety of formats to maximise learning and development opportunities available to staff. Management and staff have been provided training on the code of conduct, valuing older people and the aged care funding instrument. Staff are satisfied with the training opportunities available to them.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

Residents are aware of and use the home's internal comments and complaints mechanisms. Processes are in place to inform residents, representatives and staff of the internal and external comments and complaints mechanisms. These include information in the resident and staff handbook, resident agreement, staff contract and through external complaints mechanisms throughout the home. The home also uses resident and staff meetings, surveys, the family communication book and case conferences to gather feedback from stakeholders. This feedback is then actioned, if required, through the continuous improvement system. All complaints are actioned in a timely manner and actions are evaluated in consultation with the complainant to confirm resolution and satisfaction.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

ACH Group have their group mission and values displayed throughout the home and in the resident and staff handbook. The group values include the organisation's commitment to quality.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

The home has systems to facilitate appropriately skilled and qualified staff sufficient to meet the needs of the residents and the home. The site manager and clinical nurse consultant share responsibility for the rosters for all areas of the home. Staff are allocated to an area of the home to provide continuity of care. A registered nurse is rostered on site twenty four hours, seven days a week. Staggered meal breaks and staggered shifts facilitate adequate numbers of staff available for care and services at all times. Performance appraisals and competencies are conducted each year to monitor the skills of staff. Staffing levels are monitored through incident analysis, resident and staff feedback, audits and surveys. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

Stock control and ordering systems are in place to facilitate the availability of an adequate supply of goods and equipment for quality service delivery. The home considers the needs of residents, staff feedback and occupational health and safety requirements when purchasing new equipment. Designated staff take responsibility for specific stock control and ordering. Equipment is maintained through internal and external maintenance programs. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's recommendation

Does comply

Information systems are in place for all stakeholders to access current information on the processes and general activities and events of the home. Newsletters, meetings and minutes, agreements, information handbooks and noticeboards are used to inform residents of the home's processes on entry and on an ongoing basis. The home has reviewed and improved many of its information systems relating to resident care with evaluations showing staff and resident satisfaction with the changes. Each resident has a family communication book in their room used for communicating information to and from families. Staff are made aware of relevant information through memorandums, job descriptions, surveys, policies and procedures, meetings and minutes. Storage and archiving systems ensure that confidential material is stored securely. Electronic information is password protected and backed up appropriately. Audits, suggestion forms, incident statistics, surveys, and meetings are used by the home to gather information and monitor the effectiveness of systems. Staff are aware of how to access information relevant to their role. Residents confirm they have access to information about the home and are aware of the feedback processes.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

The organisation has systems to monitor that external services meet an agreed standard. The organisation uses formal service agreements and feedback and evaluation processes. Managers evaluate the effectiveness of the service provided and liaise with them to address identified deficiencies. This is done in consultation with relevant staff. Services contracted externally include allied health, hairdressing, pharmacy and some maintenance services. Staff, residents and representatives are satisfied with the external services provided.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's recommendation

Does comply

Colton Court has a continuous improvement system in place to monitor compliance with the Accreditation Standard Two and identify opportunities to improve. Clinical care audits, resident and staff surveys, meetings, analysis of medication incidents, falls, behaviours, skin tears and wound healing times are used to monitor outcomes for residents. Improvement opportunities identified through these mechanisms are actioned, recorded on the continuous improvement log and evaluated to measure the results for residents and staff. Staff, residents and representatives are kept informed of the progress and results of continuous improvement initiatives through the use of a continuous improvement standing agenda item at all meetings.

The home demonstrated results of all improvements relating to Accreditation Standard Two including:

- Through the evaluation of the new documentation system some further improvement opportunities were identified. The home implemented new care documentation systems including new care plans, assessment packs, continence charts, and seven day handover sheets. Staff were surveyed about these changes and asked for any further suggestions. Two suggestions were identified including ways to improve the utilisation of the seven day handover sheet. These were discussed through team meetings and addressed. Further evaluations show that staff feel the new documentation allows more information about residents care needs to be captured.
- The home reviewed and changed its format for recording residents' skin integrity. A new wound folder was created to allow clearer documentation and monitoring of all the current wounds in the home. Evaluation of this improvement shows an increase in the number of skin tears and wounds being recorded, allowing the home to better monitor skin care provided to residents.
- An internal audit identified that not all care plan reviews were occurring as scheduled and that some care plans showed a lack of documented consultation with the care recipient or their representative. The action put in place was to improve the care review system and create a new schedule with registered nurses assigned to reviews. A case conference letter was created and is now sent to residents and representatives explaining the process and inviting them to attend the case conference. The evaluation of this improvement is ongoing and will be measured by using the same audit aiming for improved results. On investigation of feedback from a resident the home identified a staff deficit in knowledge relating to catheter care. The clinical nurse consultant conducted a review of practices of the staff involved in catheter care and conducted one to one training. A follow up with the resident indicated an improvement in staff knowledge and practices.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s recommendation

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to health and personal care. Nurses’ registrations are obtained prior to commencement at the home and processes are in place to ensure these are updated annually. Processes are in place to assist the home to provide residents with the specified care and services as outlined in the *Quality of Care Principles 1997*. Compliance is monitored through internal and external audit processes. Staff are made aware of any relevant changes through various mechanisms, including team meetings, emails, memoranda and policies.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles in relation to health and personal care. All nursing staff are required to complete drug calculations and attend mandatory cardio pulmonary resuscitation and choking training each year. All care staff are required to attend mandatory safe eating and sound nutrition training each year. Management and staff have been provided training on the continence and behaviour management in the last twelve months. Other training specific to resident care needs is conducted through the team meetings. Staff and management are satisfied with the training opportunities available to them.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s recommendation

Does comply

Residents and representatives are satisfied the care they receive is appropriate to their needs and preferences. Clinical staff develop an extensive care plan using the information gathered from consultation with the resident and their family, the medical officer and previous medical and social information. Comprehensive care evaluations are conducted every four months to measure changes and the accuracy of previously assessed interventions. Referrals are made to allied health specialists if required. The seven day staff handover sheet supports information exchange and flags active and resolved issues. Resident care is monitored and evaluated through audits, surveys, clinical meetings, direct observation and incident monitoring. Staff confirm they are supported by a comprehensive education program and access to policy and procedure manuals.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents and representatives confirm they receive specialised care according to their needs and preferences. Specialised care is managed to meet the needs of residents as identified through the assessment and care planning process. A comprehensive care evaluation by clinical staff occurs every four months. Progress notes and audit results demonstrate appropriate referrals are forwarded to allied health services or specialists in consultation with the resident and representatives. Staff are supported to provide specialised nursing care by an education program, including but not limited to wound management, diabetes and pain management.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Residents and representatives confirm they have easy access to appropriate health professionals if they need them. Physiotherapy services are provided to all residents in the form of a comprehensive assessment and plan for ongoing mobility and dexterity. Podiatry is provided on a six to eight weekly basis. Nursing staff document resident needs and changes for visiting allied health staff. Speech pathology is provided where there is a history of swallowing difficulties or if deficits are observed. Dental and eye services are arranged if a need is identified. Aromatherapy services are provided regularly as an additional intervention for issues such as pain, anxiety or skin issues. The home also accesses external palliative care, wound care, clinical and mental health specialists when a need is identified.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

Residents and representatives are satisfied that medication is managed safely and correctly. Nursing staff and the medical officer work collaboratively from admission regarding the medication needs of the resident. Residents who wish to self administer are assessed for the ability to do so by the clinical nurse and monitored regularly. Registered nurses may initiate medications if required. The home collects information through internal audits, incident reporting and clinical pharmacy reviews and uses this to monitor and evaluate medication documentation, administration and staff practice. The organisational medication advisory committee, who meet quarterly act as a resource, provide education for staff and develop procedures.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

Residents and representatives are satisfied that their pain is managed satisfactorily. The home uses specific assessment tools which include methods to identify pain levels in all residents. Pain management guidelines are provided to direct staff in managing the onset of pain. Pain management includes medication, repositioning, aromatherapy, massage therapy and electronic nerve stimulation. The home has implemented a screening tool and guidelines for the management of pain in people with dementia. Pain management audits monitor and evaluate the home’s strategies for managing, reducing and preventing pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

The home’s feedback from resident families demonstrates their satisfaction with the service the home provides to maintain the comfort and dignity of terminally ill residents.

The home updates the care plan when palliative care commences to reflect changes in health status and needs. Religious and cultural beliefs and individual rights are acknowledged and respected. Nursing staff refer to palliative care outreach teams for support with symptom control and advice as required and in consultation with the medical officer. Oil burners and soft music in the resident’s room with hot towel sponges and gentle massage are used where appropriate for resident comfort. Staff write in a special eulogy folder their memories of the resident and this is given to the family as a memory of the resident’s time in the home.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s recommendation

Does comply

Residents and representatives indicate they are satisfied with the nutrition and hydration services provided by the home. Food related preferences and requirements are recorded including food supplements, levels of assistance required, modified foods and any other interventions. Changes to dietary requirements are documented and housekeeping services are advised. The home uses the organisational catering and hospitality service to provide lunch and dinner according to resident choice. Menus are reviewed by a dietitian for nutritional value. Resident surveys, weight monitoring and observation guide the home in monitoring the effectiveness of their service.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s management of skin integrity. Skin integrity and level of risk is assessed during the admission process and equipment and strategies to prevent skin breakdown are implemented. The home uses various methods of prevention of skin breakdown including pressure relieving mattresses, repositioning and skin protection devices. External specialist advice is sought as required for wound care treatment and products. Care staff demonstrate knowledge of strategies to prevent skin breakdown and recognising and reporting abnormalities. Audits, care evaluations and pressure area prevention results demonstrate the effectiveness of the skin management program.

2.12 Contenance management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s strategies for the management of continence. Residents are assessed in relation to urinary and bowel management and have a care plan to manage identified needs. Dietary alternatives to medication for bowel management are used and bladder and bowel flow charts monitor their effectiveness. Urinary tract infections are reviewed monthly for trends. Auditing processes indicate the continence products are used efficiently to provide the best possible outcomes for the residents. Staff treat residents with dignity, promote independence with the toileting program and monitor resident comfort.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach to behaviour management. The home adopts a restraint minimisation policy. A comprehensive assessment to identify risks, mobility and behaviour is conducted in partnership with the residents and representatives. Resident care planning is guided by risk management tools, specialist advice and participation in the organisational cognitive stimulation therapy program. Strategies to manage behaviours are outlined in the care plan which is evaluated regularly. Team meetings and case conferences are used to discuss behaviour issues and strategies and care staff have received education in a program of behaviour management.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the home’s approach to managing mobility and dexterity. A comprehensive assessment process conducted in partnership with the resident and family identifies risk and mobility capabilities. The medical officer and physiotherapist are also involved in the consultation process. Falls prevention plans are implemented for each resident. The home supports residents to maintain or improve mobility by the use of equipment, sensor mats, hip protectors and beds low to the floor. Residents are assisted by the staff to exercise regularly according to the individual program set by the physiotherapist. The incidences of falls are monitored and extra safety measures implemented as required.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. Oral and dental care needs are assessed and an individual care plan identifies care to be provided by staff to maintain oral and dental health. Staff observe and report any dental care issues and residents will be referred to a dentist as needed. The home uses dental services who visit on site for residents who are unable to visit a dentist. The home monitors staff knowledge with regard to oral and dental care and implements education for identified knowledge deficits.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

Residents and representatives are satisfied with the support the home provides to manage sensory loss. Residents are assessed for sensory loss in relation to all five senses and a care plan is formulated to address identified needs and to promote safety. Menus are varied to enhance taste, music is played throughout the day and videos and large print books are available. The home has developed activity packs to stimulate residents with cognitive impairment and aromatherapy is used regularly for a variety of identified issues. Residents are referred to hearing and sight specialists as required.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s recommendation

Does comply

Residents and representatives are generally satisfied with the sleep patterns they achieve. Assessment of sleep patterns and sleep histories informs the individual care plans acknowledging preferences for time of rest, waking and retiring times. Alternative methods to promote sleep are used such as hot drinks and snacks. Sleep disturbances are documented in the exceptional reporting notes and any problems discussed with the resident and medical officer. Audit results demonstrate that residents are enabled to settle in an environment which promotes sleep.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Colton Court has a continuous improvement system in place to monitor compliance with the Accreditation Standard Three and identify opportunities to improve. The home uses resident meetings, surveys, comment and complaint mechanisms, training and networking to identify opportunities to improve residents’ lifestyle. Improvement opportunities identified through these mechanisms are actioned, recorded on the continuous improvement log and evaluated to measure the results for residents and staff. Staff, residents and representatives are kept informed of the progress and results of continuous improvement initiatives through the use of a continuous improvement standing agenda item at all meetings.

The home demonstrated results of all improvements relating to Accreditation Standard Three including:

- The lifestyle coordinator now visits new residents in their home prior to their entry into the facility. This is done to assist the resident and family through the transition phase and is also used to gather information about the resident’s lifestyle. A relative survey has been used to evaluate this improvement with results showing that relatives feel it is an excellent idea and does assist residents emotionally during this process. To increase the emotional support provided to new residents the home created a ‘Welcome bag’. The ‘Welcome bag’ includes various information booklets, the ‘family communication’ book, toiletries, a calendar and a fridge magnet. The home also provides some complimentary gender specific aromatherapy hand cream for new residents in the welcome bag. Feedback from new residents and families indicate that this has been appreciated. The home has also recently implemented a resident memorial booklet used to support families and staff after a resident passes away. The memorial booklet includes a poem, photo’s of the resident, and staff comments about their time spent with the resident. This is then sent to families. Feedback indicates this has been a welcome touch and is appreciated by families.
- The home has implemented a resident trust account facility to improve the information systems and safety and security of residents’ personal money. This was done by installing a component in the resident billing computer program. Residents were consulted about the availability of this option and surveyed after implementation to ascertain their satisfaction with the changes. Results of this survey indicate residents are happy with the changes. Staff were also surveyed about the changes indicating that they feel the resident trust account is a much more professional system for handling residents’ personal money and residents and families can now be issued statements each month.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle".

Team's recommendation

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle. Processes are in place to inform and guide staff on the mandatory reporting of resident abuse and wandering residents. Each resident and/or representative is offered a residential care agreement on entry to the home that explains fees and charges and security of tenure. Compliance is monitored through internal and external audit processes. Staff are made aware of any relevant changes through various mechanisms, including team meetings, emails, memoranda and policies.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles. There is an orientation process for permanent and temporary staff which includes information on the mandatory reporting of resident abuse and wandering residents as well as resident's rights. Training is delivered through a variety of formats to maximise learning and development opportunities available to staff. Staff practices are monitored through observation from senior staff and feedback gathered from residents and representatives. Management and staff have been provided training on wellbeing monitoring, leisure and lifestyle and activities for residents with dementia. Staff are satisfied with the training opportunities available to them.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

Residents and their representatives are satisfied with the way the home assists them to adjust to the home environment and meet their emotional needs on an ongoing basis. The home adopts a team approach to assisting the resident to relocate to the new environment with lifestyle, care and nursing staff contributing to the admission and support process. Resident's emotional needs are discussed and assessed on an ongoing basis and families and representatives are actively encouraged to participate in planning the residents care. A welcome pack given to the resident on entry to the home includes a special note book which is used to assist in the communication process. The

resident history and lifestyle information, which is updated regularly, includes photographs of the resident and an overview of the resident's life. This information is included in the care plan to assist all staff in their understanding and support of the resident. Staff can demonstrate the home's commitment to provide a supportive environment for the residents.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Residents and representatives are satisfied the home provides them assistance to maintain their independence and involvement in the community according to their needs and preferences. Assessment processes are used to create a care plan which informs staff of the equipment and assistance needed to promote independence. Risk to the individual resident is clearly identified on a colour coded care plan. Resident's preferences and choices regarding their involvement in the internal and external community are respected and acted upon. Activities are tailored to minimise risks for individual residents whilst maximising independence. Staff demonstrate active involvement in promoting resident independence and choice.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's recommendation

Does comply

Residents and representatives are satisfied their privacy, dignity and confidentiality is recognised and respected by staff in the home. All residents have single room accommodation with en-suite facilities and twenty four of the residents reside in an individual unit with their own garden area. Individual needs are assessed and care needs and goals are reviewed every four months. Resident handbook and meeting minutes confirm residents and representatives are provided with information about their rights and responsibilities. Staff demonstrate respect for the dignity, privacy and confidentiality of the resident and conduct handover in a private area. Resident information is kept in a private area.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

In general residents and representatives are satisfied they have the opportunity to participate in a range of activities appropriate to their needs and preferences. A comprehensive assessment and history of the resident's interests, previous hobbies and likes and dislikes is collected and updated on a regular basis. A calendar of events for each resident indicates the resident's interests and preferred activities and a monthly program of events is available to residents via the newsletter. Care staff are actively involved in the lifestyle program and provide one on one activities for the residents as part of the provision of holistic care. Care staff in the secure area have received specific education regarding assisting residents' with dementia to remain actively involved and use this training to provide regular daily activities for the residents.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

Residents and representatives are satisfied that the home values and promotes individual interests, beliefs and cultural backgrounds. Information relating to a variety of cultures is available to staff to guide practices and support individual programs. Significant days are honoured and specific cultural acknowledgement is implemented, including a culture specific section in the newsletter. Ecumenical services are provided and residents are assisted to attend if they wish. The home used links with cultural and community groups and will involve these for specific residents as needed.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents and representatives are satisfied they are able to exercise choice and control regarding their needs and preferences for care. Residents and representatives are consulted about their care needs on entry to the home and on an ongoing basis.

Individual choices are documented on entry to the home through the assessment process and outlined in the care plan. The individualised care plans guide staff in encouraging and allowing the resident choices regarding their care. The home encourages residents and representatives to attend the resident meetings to discuss their views and concerns about the running of the home. Issues identified at the meeting are addressed and outcomes reported at the following meeting. Residents are also able to express their views through satisfaction surveys.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Residents confirm they understand their rights and responsibilities and are given this information on entry to the home. This information is displayed throughout the home and residents and representatives are provided this information during the settling in process. Residents and representatives are kept up to date with changes at meeting forums, through newsletters or via staff. When the need arises the home uses its consultative processes to transfer residents in line with legislative requirements.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Colton Court has a continuous improvement system in place to monitor compliance with the Accreditation Standard Four and to identify opportunities to improve. The home uses internal and external audit processes, staff and resident feedback, hazard and infection reporting, surveys and comments and complaints to monitor the safety and comfort of the environment. Improvement opportunities identified through these mechanisms are actioned, recorded on the continuous improvement log and evaluated to measure the results for residents and staff. Staff, residents and representatives are kept informed of the progress and results of continuous improvement initiatives through the use of a continuous improvement standing agenda item at all meetings.

The home demonstrated results of all improvements relating to Accreditation Standard Four including:

- A relative survey identified an improvement opportunity of providing an area for families and other visitors to be able access tea and coffee making facilities. This was implemented and the availability of this area was communicated to all families in a letter sent explaining the results and actions implemented from the survey results.
- The home identified through monitoring of infection statistics the need to provide some additional training to staff. An infection control self learning package was resourced and disseminated to staff. Knowledge deficits identified through the results of this self learning package were addressed on an individual basis.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s recommendation

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through internal and external audit processes. External audit processes include building certification inspections and triennial fire inspections. Occupational health and safety policies and procedures are in line with professional standards and guidelines and assist the home to provide a safe physical environment. Staff are made aware of any relevant changes through various mechanisms, including team meetings, emails, memoranda and policies.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

The home has processes to provide staff with the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. All staff are required to attend fire and emergency, food handling, manual handling, and infection control training each year. Training is delivered through a variety of formats to maximise learning and development opportunities available to staff. Staff knowledge and practices are monitored through surveys, observation from senior staff and feedback from residents and representatives. Management and staff have also been provided training on chemical awareness. Staff are satisfied with the training opportunities available to them.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

Residents and families are satisfied with the safety and comfort of the home. Colton Court consists of individual resident units and a ten room secure area. Each resident unit has a living and dining area, a bedroom and a bathroom. All resident units are self contained including a refrigerator, microwave, kettle, toaster, washing machine and tumble dryer. Resident units also have their own garden area and street access for families to visit without having to go through the communal areas of the home. The secure dementia area includes a communal kitchen and dining area and a separate lounge room. The outdoor area is secure and includes a laundry, a toilet and a bird aviary. The home conducts a variety of risk assessments and any safety issues identified for individual residents are identified in red on the care plan. The safety of the living environment is monitored through audits, hazard reporting, incident analysis, observation of staff and through feedback from stakeholders. The home has a policy of minimal restraint and follows documented procedures in the event that resident restraint is required.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

Management is actively working to provide a safe working environment that meets regulatory requirements. The Health and Safety Committee monitors occupational health and safety issues as well as resident and staff incident data. Policies, procedures and guidelines are available to assist staff in safe practices and regulatory requirements. Staff can access an intervention physiotherapy program if required. The home uses internal and external audits, supervision and monitoring of staff practices, and preventative maintenance to monitor occupational health and safety issues. Staff can demonstrate they observe safe practices and have input into the home's occupational health and safety system.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation

Does comply

Management systems provide for an environment which minimises fire, security and emergency risks. Fire equipment and detection systems are regularly tested and maintained by an external service provider and exits are labelled and accessible. The home has recently had fire sprinklers installed throughout the facility. There is a current independent fire inspection report. Emergency procedures and evacuation plans are available throughout the home and are re-enforced through regular staff training. Relevant material safety data sheets are located where chemicals are stored. A lock up procedure assists in maintaining the home's security. A contingency plan is in place for an emergency that requires residents to be evacuated from the site. Residents, representatives and staff are aware of their responsibilities in the event of a fire.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's recommendation

Does comply

Colton Court has systems in place to provide infection control throughout the home. The individual resident units including individual laundry and cleaning equipment assist in reducing the risk of cross contamination. General cleaning equipment is colour coded and chemical dispensing units ensure disinfection of areas. All residents and staff are provided with influenza vaccinations each year. An outbreak kit including plans, guidelines and equipment has been created and is available for staff to use if required. All staff are trained in infection control when commencing at the home and each year. Self learning packages are also made available to staff. Infection data is monitored and analysed for trends and actioned where appropriate. Processes are in place for disposal of infectious waste, pest control and food safety. Staff understand and use the home's infection control program.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

Residents are satisfied that hospitality services are provided in a way that enhances their lifestyle. Residents can choose the time of their main meal of the day which is provided through the four weekly rotating menu. This food is prepared off site and reheated at times suitable to the individual resident. Resident dislikes lists are available to staff for each main meal over the four weeks. Each resident unit has their own pantry where individual food is supplied as per their preference. Care staff prepare the other meals for the day allowing the resident to choose what they feel like. These meals are prepared in the resident's room. Each resident has individual food safety documentation in their room, where care staff record meal temperature checks, records of the meals provided, cleaning schedules and refrigerator temperatures. In the communal areas of the home care staff have access to a variety of food and allow residents to choose their meals daily. Resident's personal laundry is washed individually in residents' rooms. In the secure unit staff wash resident's personal clothing individually in the laundry. Residents can choose to wash their own clothing if they wish, with support from staff, allowing for independence and a homelike environment. The laundering of linen is outsourced to an external provider. Residents' rooms are thoroughly cleaned once a week. Each unit has its own cleaning equipment, such as a vacuum cleaner and mop and bucket, therefore allowing care staff and families to clean as required.